

# CROSSWALK

## 13-14 Indicators Cross-walked to 14-15

*\*Please Note: There are minor editorial changes throughout the document.\**

Administrative Issues		
13-14	14-15	
A1-01	A1-01	
A1-02	A1-02	
A1-03	A1-03	
A1-04	A1-04	
A1-05	A1-05	<b>Revision to Key Indicator and Guidance:</b> References to Service Coordination/Coordinators have been changed to Case Management/Managers.
A1-06	A1-06	<b>Added to Guidance:</b> This includes minimum education requirements and all reference and background check requirements outlined in DDSN Directive 406-04-DD.
N/A	<b>A1-07 New R</b>	<b>New Key Indicator: (Recoupable Indicator)</b> <b>The Board / Provider employs Waiver Case Management Staff who meet the requirements for the position.</b> <b>New Guidance:</b> <b>Determine from personnel records if the minimum requirements were met. This includes minimum education requirements and all reference and background check requirements outlined in DDSN Directive 406-04-DD.</b>  <b>Review all WCMs serving waiver participants.</b>
A1-07	A1-08	<b>Added to Guidance: (Key Indicator Number)</b> This includes minimum education requirements and all reference and background check requirements outlined in DDSN Directive 406-04-DD.
A1-08	A1-09	<b>Added to Guidance: (Key Indicator Number)</b> This includes minimum education requirements and all reference and background check requirements outlined in DDSN Directive 406-04-DD.
A1-09	A1-10	<b>Added to Guidance: (Key Indicator Number)</b> This includes minimum education requirements and all reference and background check requirements outlined in DDSN Directive 406-04-DD.
A1-10	A1-11	<b>Revision to Key Indicator and Guidance: (Key Indicator Number Change)</b> References to Service Coordination/Coordinators have been changed to Case Management/ Managers and information regarding training has been deleted and referred to Case Management Standards.
N/A	<b>A1-12 New R</b>	<b>New Key Indicator: (Recoupable Indicator)</b> <b>Waiver Case Management Staff receive training as required.</b> <b>New Guidance:</b>  <b>Review personnel files to determine if training occurred as required.</b> <b>Review all WCMs serving waiver participants.</b>  <b>WCMs are required to receive twenty (20) hours of training annually.</b>

		<b>Training must include the following topic areas:</b> <ul style="list-style-type: none"> <li>• Abuse and Neglect</li> <li>• Confidentiality</li> <li>• Annual Level of Care for NF and ICF/IID</li> <li>• Service Authorizations/ Terminations</li> <li>• Waiver Participant Disenrollment</li> </ul>
A1-11	A1-13	<i>Key Indicator Number Change Only</i>
A1-12	A1-14	<b>Added to Guidance</b> ( <i>underlined information added to Guidance and Key Indicator Number Change</i> ): After the first year of employment, all Residential staff must receive a minimum of 10 hours of training annually on topics related to the provision of services and must include training on Abuse and Neglect Confidentiality <u>and consumer funds (DDSN Directive 200-12-DD).</u>  Review <ul style="list-style-type: none"> <li>• <del>10% or 5 residential staff hired during the review period,</del></li> <li>• 40% <u>25%</u> or <del>5</del> <u>7</u> experienced residential staff (hired <u>at least one year</u> prior to review period)</li> <li>• All Residential Supervisors (hired <u>at least one year prior to review period</u>)</li> </ul>
A1-13	A1-15	<b>Added to Guidance</b> ( <i>underlined information added to Guidance and Key Indicator Number Change</i> ): Review <ul style="list-style-type: none"> <li>• <del>10% or 5 day services staff hired during the review period,</del></li> <li>• 40% <u>25%</u> or <del>5</del> <u>7</u> experienced day services staff (hired <u>at least one year</u> prior to review period) and</li> <li>• All day services supervisors (<u>hired at least one year prior to review period</u>).</li> </ul>
A1-14	A1-16	<i>Key Indicator Number Change Only</i>
A1-15	A1-17	<b>Added to Guidance</b> ( <i>underlined information added to Guidance and Key Indicator Number Change</i> ): <ul style="list-style-type: none"> <li>• <u>developing contingency plans to continue services in the event of an emergency or the inability of a service provider to deliver services.</u></li> <li>• <u>For residential and day service providers: Review of medication errors and remediation (if not conducted through a separate committee for this purpose – documentation must be available).</u></li> <li>• <u>For residential and day service providers: Review of any Restraints or restrictive procedures used to ensure compliance with applicable directives.</u></li> </ul>
N/A	A1-18 New	<b>New Key Indicator</b> ( <i>created from the information originally in the Guidance under A1-16, A1-17 and A1-18</i> ): Board / Provider demonstrates usage of the current incident management profile data report to: <ul style="list-style-type: none"> <li>• evaluate provider specific trends over time</li> <li>• evaluate/explain why the provider specific rate is over, under or at the statewide average</li> <li>• demonstrate systemic actions to prevent future incidents/ allegations</li> </ul> <b>New Guidance:</b> Provider must utilize provider profile data available within the prior 12 month period. In the event the provider has not had any reports of incidents, they must document the review of trend data and discuss continued actions to prevent incidents and respond where appropriate.
A1-16	A1-19	<b>Revision to Guidance</b> ( <i>underlined information revised and Key Indicator Number Change</i> ): Bullets 1-3 were deleted and moved to new indicator A1-17. <ul style="list-style-type: none"> <li>• <u>Submits timely initial reports for all ANE Allegations through the DDSN Incident Management System according to DDSN Directive 534-02-</u></li> </ul>

		<u>DD.</u> <ul style="list-style-type: none"> <li>Submits timely final reports for all ANE Allegations through the <u>DDSN Incident Management System</u> according to <u>DDSN Directive 534-02-DD.</u></li> </ul>
A1-17	A1-20	<b>Revision to Guidance</b> ( <i>underlined information revised and Key Indicator Number Change</i> ): Bullets 1-3 were deleted and moved to new indicator A1-17. <ul style="list-style-type: none"> <li>Submits timely initial reports for all Critical Incidents through the <u>DDSN Incident Management System</u> according to <u>DDSN Directive 100-09-DD.</u></li> <li>Submits timely final reports for all Critical Incidents through the <u>DDSN Incident Management System</u> according to <u>DDSN Directive 100-09-DD</u></li> </ul>
A1-18	A1-21	<b>Revision to Guidance</b> ( <i>underlined information revised and Key Indicator Number Change</i> ): Bullets 1-3 were deleted and moved to new indicator A1-17. For DDSN Residential Providers: <ul style="list-style-type: none"> <li>Submits timely initial reports for all Deaths through the <u>DDSN Incident Management System</u> according to <u>DDSN Directive 505-02-DD.</u></li> <li>Submits timely final reports for all Deaths through the <u>DDSN Incident Management System</u> according to <u>DDSN Directive 505-02-DD.</u></li> </ul>
A1-19	A1-22	<b>Added to Guidance</b> ( <i>underlined information added to Guidance and Key Indicator Number Change</i> ): For DDSN Residential and Day Service Providers:
A1-20	A1-23	<i>Key Indicator Number Change Only</i>
A1-21	A1-24	<i>Key Indicator Number Change Only</i>
A1-22	A1-25	<i>Key Indicator Number Change Only</i>
A1-23	A1-26	<i>Key Indicator Number Change Only</i>
A1-24	A1-27	<i>Key Indicator Number Change Only</i>
A1-25	A1-28	<i>Key Indicator Number Change Only</i>
A1-26	A1-29	<i>Key Indicator Number Change Only</i>

13-14	14-15	Fiscal Issues
A2-01	A2-01	
A2-02	A2-02	
A2-03	A2-03	

General Agency			
Service Coordination Non-Waiver Indicators			Potential Recoup/or notes
13-14	14-15	All "G1" Indicators are not applicable effective 4/30/2014	
G1-01	G1-01		R
G1-02	G1-02		
G1-03	G1-03		
G1-04	G1-04		
G1-05	G1-05		
G1-06	G1-06		

	<b>G1-100 New</b>	<b>Case Management Non-Waiver Indicators Effective 5/1/2014</b>	
N/A	G1-101	Please review the entire G1-100 Section	
N/A	G1-102		
N/A	G1-103		
N/A	G1-104		
N/A	G1-105		
N/A	G1-106		
N/A	G1-107		
N/A	G1-108		
N/A	G1-109		
N/A	G1-110		
N/A	G1-111		
N/A	G1-112		
N/A	G1-113		
N/A	G1-114		
N/A	G1-115		
N/A	G1-116		
<b>Service Coordination</b>			
G2-01 W	G2-01 W	<i>Not Applicable Effective 4/30/2014</i>	
G2-02 W	G2-02 W	<i>Not Applicable Effective 4/30/2014</i>	
G2-03	G2-03		
G2-04	G2-04	<i>Not Applicable Effective 4/30/2014</i>	
G2-05	G2-05		
G2-06	<del>G2-06</del>	Key Indicator Deleted	
G2-07	<del>G2-07</del>	Key Indicator Deleted	
G2-08	<del>G2-08</del>	Key Indicator Deleted	

<b>Employment / Day Services</b>			
G3-01	G3-01	<b>Revision to Guidance</b> ( <i>underlined information added</i> ):  Applies only to those <u>waiver participants</u> admitted to the Day Service within <u>30 days 1 year</u> prior to review. <del>For all others, this Indicator will be N/A.</del>	
G3-02	G3-02	<b>Revision to Guidance</b> ( <i>underlined information added</i> ):  Applies only to those <u>waiver participants</u> admitted to the Day Service within <u>30 days 1 year</u> prior to review. <del>For all others, this Indicator will be N/A.</del>	
G3-03	G3-03		
G3-04	G3-04		
G3-05	G3-05		
G3-06	G3-06		
G3-07	G3-07		
G3-08	G3-08		
G3-09	G3-09		
G3-10	G3-10		

G3-11	G3-11		
G3-12	G3-12		
G3-13	G3-13		
<b>Employment - Individual Placement</b> <b><i>"Please note there are no changes to Employment – Individual Placement Indicators."</i></b>			
G4-01	G4-01		
G4-02	G4-02		
G4-03	G4-03		
G4-04	G4-04		
G4-05	G4-05		
G4-06	G4-06		

<b>HASCI Division Rehabilitation Supports</b> <b><i>"Please note there are no changes to the HASCI Rehabilitation Support Indicators."</i></b>			
G5-01	G5-01		
G5-02	G5-02		
G5-03	G5-03		
G5-04	G5-04		
G5-05	G5-05		
G5-06	G5-06		
G5-07	G5-07		

<b>Residential Services</b>			
G6-01	G6-01		
G6-02	G6-02		
G6-03 W	G6-03 W		
G6-04	G6-04		
G6-05	G6-05		
G6-06	G6-06		
G6-07	G6-07		
G6-08	G6-08		
G6-09	G6-09		
G6-10	G6-10		
G6-11	G6-11		
G6-12	G6-12	Key Indicator Deleted	
N/A	G6-12 New	<b>New Key Indicator</b> <i>(created from the information originally in the Guidance under G7-08):</i> For any residential consumer with swallowing disorders or dysphagia documented on their Plan (residential or Case Management), or with a critical incident report documenting choking or aspiration, a dysphagia protocol checklist is completed and, if indicated, a referral is completed for evaluation. <b>New Guidance:</b> Annual Swallowing Checklist is completed. Documentation is present that referral for evaluation was submitted. IF evaluation complete, recommendations are documented on plan and implemented.	

Health & Behavior Support Services			
G7-01 W	G7-01 W		
G7-02	G7-02		
G7-03	G7-03		
G7-04	G7-04		
G7-05	G7-05		
G7-06	G7-06		
G7-07	G7-07		
G7-08	G7-08	Indicator deleted and moved to G6-12	
N/A	G7-08 New	<p><b>New Key Indicator:</b> Restraints may be employed only for the purpose of protecting the person or others from harm and only when it is determined to be the least restrictive alternative possible.</p> <p><b>New Guidance:</b> Restraint procedures may only be included in a Behavior Support Plan when necessary to protect an individual or others from harm and when the procedures are the least restrictive alternatives possible to meet the needs of the person. The use of any approved restraint must also be included in the person's support plan.</p> <p>Restraint is defined as a procedure that involves holding an individual (i.e., manual restraint) or applying a device (i.e., mechanical restraint) that restricts the free movement of or normal access to a portion or portions of an individual's body.</p> <p><u>Note:</u> The use of mechanical devices, such as splints or braces, bed rails to prevent injury, wheelchair harness and lap belts to support a person's proper body positioning are not considered restraint even though they may restrict movement. Such medical necessity for these devices must be documented in the person's record.</p> <p>Authorized emergency procedures are those defined in DDSN Directive 567-04-DD: Preventing and Responding to Disruptive Behavior and Crisis Situations. Emergency situations involving the use of psychotropic medication or mechanical restraint shall be authorized in writing by the Executive Director/Facility Director or their designee (or approved by the physician if involving transport to the emergency room) and a report of that emergency provided to the physician or psychiatrist, Executive Director/Facility Director (if approved by a designee) and an approved provider of behavioral supports within 24 hours.</p> <p>Mechanical restraint procedures should be designed and used in a manner that causes no injury and a minimum of discomfort. While in mechanical restraint, the individual will be supervised in accordance with his/her plan with documentation of their response to the restraint <u>every 30 minutes with a maximum duration not to exceed one (1) continuous hour unless an exception is granted.</u></p> <p>The restrained person must be under constant, direct, visual supervision with the status of the person documented every 30 minutes. This documentation should include the physical condition of the individual (i.e., breathing, circulation) and comments documented indicating the degree to which the restraint is serving its desired effect.</p> <p>Source documents: 567-04-DD and 600-05-DD.</p>	

HASCI Waiver			
<b>G8-01</b>	<b>G8-01</b>	<b>Revision to Guidance:</b> A Support Plan must be completed: <i>first 3 bullets deleted</i>	<b>R</b>
G8-02	G8-02		
<b>G8-03</b>	<b>G8-03</b>		<b>R</b>
G8-04	G8-04		
G8-05	G8-05		
N/A	G8-06	<b>New Key Indicator:</b> The Plan is provided to the participant/ representative. <b>New Guidance:</b> A copy of the completed annual plan is provided to the participant/ representative.	
G8-06	<b>G8-07</b>	<b>Key Indicator Number Change and Recoupable:</b> <b>When service changes are identified as needed in the participant's waiver record but the CM fails to update the plan, the CM services will be identified for recoupment by the reviewer.</b>	<b>R</b>
G8-07 W	G8-08 W	<i>Key Indicator Number Change Only</i>	
G8-08	G8-09	<i>Key Indicator Number Change Only</i>	
G8-09	G8-10	<i>Key Indicator Number Change Only</i>	
G8-10 W	<del>G8-11</del> W	Key Indicator Deleted	
G8-11	G8-11		
G8-12	<del>G8-12</del>	Key Indicator Deleted	
G8-13	G8-12	<i>Key Indicator Number Change Only</i>	
G8-14	G8-13	<b>Revision to Guidance</b> ( <i>underlined information added and Key Indicator Number Change</i> ): <u>For participants who have enrolled within the year, prior to review period,</u> review participant records to verify Acknowledgement of Rights and Responsibilities (HASCI Form 20) is present.	
G8-15	G8-14	<i>Key Indicator Number Change Only</i>	
G8-16	G8-15	<i>Key Indicator Number Change Only</i>	
<b>G8-17</b>	<b>G8-16</b>	<b>Revision to Guidance</b> ("staffing" and "the" added to Guidance and Key Indicator Number Change): HASCI <del>Service Coordination</del> Case Management staff complete NF Level of Care re-certification. The date the Level of Care re-evaluation <u>staffing</u> was completed is <u>the</u> effective date.	<b>R</b>
<b>G8-18</b>	<b>G8-17</b>	<i>Key Indicator Number Change Only</i>	<b>R</b>
G8-19	G8-18	<i>Key Indicator Number Change Only</i>	
G8-20 W	G8-19 W	<i>Key Indicator Number Change Only</i>	
G8-21	G8-20	<i>Key Indicator Number Change Only</i>	
<b>G8-22</b>	<b>G8-21</b>	<i>Key Indicator Number Change Only</i>	<b>R</b>
G8-23 W	G8-22 W	<i>Key Indicator Number Change Only</i>	
<b>G8-24</b>	<b>G8-23</b>	<i>Key Indicator Number Change Only</i>	<b>R</b>
G8-25	G8-24	<i>Key Indicator Number Change Only</i>	
G8-26 W	G8-25 W	<i>Key Indicator Number Change Only</i>	
G8-27	<del>G8-26</del>	Key Indicator Deleted	
G8-28	<del>G8-27</del>	Key Indicator Deleted	

G8-29	<del>G8-28</del>	Key Indicator Deleted	
G8-30	<del>G8-29</del>	Key Indicator Deleted	
G8-31	<del>G8-30</del>	Key Indicator Deleted	
G8-32	G8-26	<i>Key Indicator Number Change Only</i>	
G8-33	<b>G8-27</b>	<b>Key Indicator Number Change and Recoupable</b> When participant records that indicate the CM failed to submit correct waiver service denials, terminations, reductions or suspensions, the CM billable activities will be subject to recoupment. Waiver services allowed to pay due to the CM's error are subject to recoupment.	R
G8-34	<b>G8-28</b>	<b>Key Indicator Number Change and Recoupable</b> When participant records that indicate the CM failed to complete termination forms properly, CM service activities are subject to recoupment. Waiver services allowed to pay due to the CM error are subject to recoupment.	R
G8-35	G8-29	<i>Key Indicator Number Change Only</i>	
G8-36	G8-30	<i>Key Indicator Number Change Only</i>	
G8-37	<del>G8-34</del>	Key Indicator Deleted	
G8-38	G8-31	<i>Key Indicator Number Change Only</i>	
	<b>G8-100 New</b>	<b>HASCI Waiver Case Management</b>	
N/A	G8-101	Please review the entire G8-100 Section	
N/A	G8-102		
N/A	G8-103		
N/A	G8-104		
N/A	G8-105		
N/A	G8-106		
N/A	G8-107		
N/A	G8-108		
N/A	G8-109		
N/A	G8-110		
N/A	G8-111		

ID/RD Waiver			
<b>G9-01</b>	<b>G9-01</b>	<b>Revision to Key Indicator:</b> The Plan is developed by the <del>Service Coordinator within 365 days as required.</del>  <b>Revision to Guidance:</b> Except for those transferring from an ICF/ID, Plans must be entered into the Consumer Data and Support System (CDSS) using the Consumer Assessment and Planning (CAP) module unless otherwise approved by the SCDDSN Director of Service Coordination. The Plan implementation date is the date a plan is completed in the CAP module of CDSS. <u>Plan must be developed before waiver services are authorized.</u> <u>All bullets deleted in this section</u>	R
<b>G9-02</b>	<b>G9-02</b>		R
G9-03	G9-03		



W	W		
G9-04	G9-04		
G9-05	G9-05		
G9-06	G9-06		
G9-07	G9-07		
N/A	G9-08 New	<b>New Key Indicator:</b> The Plan is provided to the participant/ representative. <b>New Guidance:</b> A copy of the completed annual plan is provided to the participant/ representative.	
G9-08	<b>G9-09</b>	<b>Key Indicator Number Change and Recoupable:</b> <b>When service changes are identified as needed in the participant's waiver record but the CM fails to update the plan, the CM services will be identified for recoupment by the reviewer.</b>	R
G9-09 W	G9-10 W	<i>Key Indicator Number Change Only</i>	
G9-10	G9-11	<i>Key Indicator Number Change Only</i>	
G9-11	G9-12	<i>Key Indicator Number Change Only</i>	
G9-12 W	<del>G9-13</del> W	Key Indicator Deleted	
G9-13	G9-13		
G9-14	<b>G9-14</b>	<b>Revision to Key Indicator and Key Indicator Recoupable:</b> <del>Beginning 3/1/2011, a</del> <b>At the time of annual planning, all children enrolled in the ID/RD or CS Waiver receiving CPCA services must have a newly completed physician's order (Physician's Information Form – MSP Form 1), assessment (CPCA Assessment – MSP Form 2), and authorization (MSP – Form 3)</b>	R
G9-15	G9-15		
G9-16	G9-16		
G9-17	<del>G9-17</del>	Key Indicator Deleted	
G9-18 W	G9-17 W	<i>Key Indicator Number Change Only</i>	
G9-19	G9-18	<i>Key Indicator Number Change Only</i>	
N/A	G9-19 New	<b>New Key Indicator:</b> The Initial Level of Care is present. <b>New Guidance:</b> Review the initial LOC determination to verify it was completed within 30 days prior to or on the date of Waiver enrollment.	
<b>G9-20</b>	<b>G9-20</b>		R
<b>G9-21</b>	<b>G9-21</b>		R
<b>G9-22</b>	<b>G9-22</b>		R
G9-23	G9-23		
G9-24	G9-24		
<b>G9-25</b>	<b>G9-25</b>		R
G9-26	G9-26		
<b>G9-27</b>	<b>G9-27</b>		R
G9-28	<del>G9-28</del>	Key Indicator Deleted	
G9-29	<del>G9-29</del>	Key Indicator Deleted	
G9-30 W	<del>G9-30</del> W	Key Indicator Deleted	

G9-31	<del>G9-31</del>	Key Indicator Deleted	
G9-32	<del>G9-32</del>	Key Indicator Deleted	
G9-33	<del>G9-33</del>	Key Indicator Deleted	
G9-34	<del>G9-34</del>	Key Indicator Deleted	
G9-35	<del>G9-35</del>	Key Indicator Deleted	
N/A	G9-28 New	<b>New Key Indicator:</b> Authorized waiver services are suspended when the waiver participant is hospitalized, temporarily placed in an NF or ICF/IID	
N/A	<b>G9-29</b> New	<b><i>New Key Indicator and Recoupable</i></b> <b>Waiver termination properly completed</b>  <b>New Guidance:</b> <b>When participant records indicate that the CM failed to complete termination forms properly, CM service activities are subject to recoupment. Waiver services allowed to pay due to the CM error are subject to recoupment.</b>  <b>Review participant's Service Notes and other documentation to determine if participant was terminated from the Waiver in the review period. If this action occurred, verify Service Coordinator sent a Waiver Termination Form 2 working days after determining that termination was required.</b>  <b>Except for termination due to death, verify participant or Legal Guardian was given written notification of Waiver termination specifying reason and was provided information concerning SCDDSN Reconsideration and SCDHHS Appeal.</b>	R
G9-36	<b>G9-30</b>	<b><i>Key Indicator Number Change and Recoupable</i></b> <b>When participant records that indicate the CM failed to submit correct waiver service denials, terminations, reductions or suspensions, the CM billable activities will be subject to recoupment. Waiver services allowed to pay due to the CM's error are subject to recoupment.</b>	R
N/A	G9-31 New	<b>New Key Indicator:</b> Information including the benefits and risks of participant/ representative directed care is provided to the participant/ representative prior to the authorization of Adult Attendant Care.	
N/A	G9-32 New	<b>New Key Indicator:</b> Before authorization of Adult Attendant Care Services, the absence of cognitive deficits in the participant/ representative that would preclude the use of participant/ representative directed care is assessed and documented.	
N/A	G9-33 New	<b>New Key Indicator:</b> Before authorization of Adult Attendant Care Services, the participant/ representative is provided information about hiring management and termination of workers as well as the role of the Financial Management System is provided to the participant/ representative.	

	<b>G9-100 New</b>	<b>ID/RD Waiver Case Management</b>	
N/A	G9-101	Please review the entire G9-100 Section	
N/A	G9-102		
N/A	G9-103		
N/A	G9-104		
N/A	G9-105		
N/A	G9-106		
N/A	G9-107		
N/A	G9-108		
N/A	G9-109		
N/A	G9-110		
N/A	G9-111		

<b>13-14</b>	<b>14-15</b>	<b>PDD Program</b>	
G10-01	<b>G10-01</b>	Revision to Guidance and Indicator Recoupable: <i>(information deleted)</i> <del>Note: Children who do not meet ICF/ID Level of Care, but meet all other eligibility requirements may receive services outside the waiver through the State Funded PDD program if funding is available.</del>	R
G10-02	G10-02		
G10-03	G10-03		
<b>G10-04</b>	<b>G10-04</b>		R
G10-05 W	G10-05 W		
G10-06	G10-06		
G10-07	G10-07		
G10-08	G10-08		
<b>G10-09</b>	<b>G10-09</b>		R
G10-10	G10-10		
G10-11	G10-11		
G10-12	<b>G10-12</b>	<b>Key Indicator Recoupable:</b> When service changes are identified as needed in the participant's waiver record but the CM fails to update the plan, the CM services will be identified for recoupment by the reviewer.	R
G10-13	G10-13		
G10-14	G10-14		
G10-15	<b>G10-15</b>	<b>Key Indicator Recoupable</b>	R
G10-16	<b>G10-16</b>	<b>Key Indicator Recoupable</b>	R
G10-17	G10-17		
G10-18	G10-18		
G10-19 W	G10-19 W		
<b>G10-20</b>	<b>G10-20</b>		R
<b>G10-21</b>	<b>G10-21</b>		R
G10-22	G10-22		
G10-23	G10-23		

G10-24	G10-24		
G10-25	G10-25		
G10-26	G10-26		
G10-27	G10-27		
G10-28 W	G10-28 W		
N/A	<b>G10-29 New</b>	<p><b>New Key Indicator and Indicator Recoupable:</b> Written notification made for denial, reduction, suspension, or termination of a Waiver service and information for reconsideration and appeal provided.</p> <p><b>New Guidance:</b> When participant records that indicate the WCM failed to submit correct waiver service denials, terminations, reductions or suspensions, the CM billable activities will be subject to recoupment. Waiver services allowed to pay due to the CM's error are subject to recoupment.</p> <p>Review participant's Support Plan and revisions, Service Notes, and other documentation to determine if any Waiver services were denied, reduced, temporarily suspended, or terminated in the review period.</p> <p>If any of these actions occurred, verify the participant or Legal Guardian was given written notification specifying the reason and was provided information concerning the reconsideration/appeals process.</p> <p><b>Note:</b> If the participant/legal guardian (if applicable) requested to terminate, suspend, or reduce the services, this indicator is N/A</p>	R
N/A	<b>G10-30 New</b>	<p><b>New Key Indicator and Indicator Recoupable:</b> Waiver termination properly completed</p> <p><b>New Guidance:</b> When participant records that indicate the CM failed to complete termination forms properly, CM activities are subject to recoupment. Waiver services allowed to pay due to the CM error are subject to recoupment.</p> <p>Review participant's Service Notes and other documentation to determine if participant was terminated from the Waiver in the review period. If this action occurred, verify Service Coordinator sent a Waiver Termination Form 2 working days after determining that termination was required.</p> <p>Except for termination due to death, verify participant or Legal Guardian was given written notification of Waiver termination specifying reason and was provided information concerning SCDDSN Reconsideration and SCDHHS Appeal.</p>	R
	<b>G10-100 New</b>	<b>PDD Waiver Case Management</b>	
N/A	G10-101	Please review the entire G10-100 Section	
N/A	G10-102		
N/A	G10-103		
N/A	G10-104		

N/A	G10-105		
N/A	G10-106		
N/A	G10-107		
N/A	G10-108		
N/A	G10-109		
N/A	G10-110		

EIBI Providers Only			
G10-29	G12-01	Key Indicator number change only	
G10-30	G12-02	Key Indicator number change only	
G10-31	G12-03	Key Indicator number change only	
G10-32	G12-04	Key Indicator number change only	
G10-33	G12-05	Key Indicator number change only	
G10-34	G12-06	Key Indicator number change only	
G10-35	G12-07	Key Indicator number change only	
G10-36	G12-08	Key Indicator number change only	

Community Supports Waiver			
<b>G11-01</b>	<b>G11-01</b>	<b>Revision to Key Indicator:</b> The Plan is developed by the Service Coordinator within 365 days as required.  <b>Revision to Guidance:</b> Except for those transferring from an ICF/ID, Plans must be entered into the Consumer Data and Support System (CDSS) using the Consumer Assessment and Planning (CAP) module unless otherwise approved by the SCDDSN Director of Service Coordination. The Plan implementation date is the date a plan is completed in the CAP module of CDSS. <u>Plan must be developed before waiver services are authorized.</u> <u>All bullets deleted in this section</u>	<b>R</b>
<b>G11-02</b>	<b>G11-02</b>		<b>R</b>
G11-03	G11-03		
G11-04	G11-04		
G11-05	G11-05		
G11-06	G11-06		
G11-07	G11-07		
N/A	G11-08 New	<b>New Key Indicator:</b> The Plan is provided to the participant/ representative. <b>New Guidance:</b> A copy of the completed annual plan is provided to the participant/ representative.	
G11-08	<b>G11-09</b>	<b>Key Indicator Number Change and Recoupable:</b> When service changes are identified as needed in the participant's waiver record but the CM fails to update the plan, the CM services will be identified for recoupment by the reviewer.	<b>R</b>
G11-09 W	G11-10 W	Key Indicator Number Change Only	
G11-10	G11-11	Key Indicator Number Change Only	
G11-11	G11-12	Key Indicator Number Change Only	
G11-12	G11-13	Key Indicator Deleted	

W	<del>W</del>		
G11-13	G11-13		
G11-14	<b>G11-14</b>	<b>Revision to Key Indicator and Key Indicator Recoupable:</b> <del>Beginning 3/1/2011, a-</del> At the time of annual planning, all children enrolled in the ID/RD or CS-Waiver receiving CPCA services must have a newly completed physician's order (Physician's Information Form – MSP Form 1), assessment (CPCA Assessment – MSP Form 2), and authorization (MSP – Form 3)	R
G11-15	G11-15		
G11-16	G11-16		
G11-17	<del>G11-17</del>	Key Indicator Deleted	
G11-18	G11-17	<i>Key Indicator Number Change Only</i>	
G11-19	G11-18	<i>Key Indicator Number Change Only</i>	
N/A	G11-19 New	<b>New Key Indicator:</b> The Initial Level of Care is present. <b>New Guidance:</b> Review the initial LOC determination to verify it was completed within 30 days prior to or on the date of Waiver enrollment.	
<b>G11-20</b>	<b>G11-20</b>		R
<b>G11-21</b>	<b>G11-21</b>		R
<b>G11-22</b>	<b>G11-22</b>		R
G11-23	G11-23		
G11 -24	G11 -24		
G11-25	G11-25		
<b>G11-26</b>	<b>G11-26</b>		R
G11-27	<del>G11-27</del>	Key Indicator Deleted	
G11-28	<del>G11-28</del>	Key Indicator Deleted	
G11-29	<del>G11-29</del>	Key Indicator Deleted	
G11-30	<del>G11-30</del>	Key Indicator Deleted	
G11-31	<del>G11-31</del>	Key Indicator Deleted	
G11-32	<del>G11-32</del>	Key Indicator Deleted	
G11-33	<del>G11-33</del>	Key Indicator Deleted	
N/A	G11-27 New	<b>New Key Indicator:</b> Authorized waiver services are suspended when the waiver participant is hospitalized, temporarily placed in an NF or ICF/IID	
N/A	<b>G11-28</b> New	<b><i>New Key Indicator and Recoupable</i></b> <b>Waiver termination properly completed</b>  <b>New Guidance:</b> <b>When participant records that indicate the CM failed to complete termination forms properly, CM service activities are subject to the recoupment. Waiver services allowed to pay due to the CM error are subject to recoupment.</b>  <b>Review participant's Service Notes and other documentation to determine if participant was terminated from the Waiver in the review period. If this action occurred, verify Service Coordinator sent a Waiver Termination Form 2 working days after determining that termination was required.</b>  <b>Except for termination due to death, verify participant or Legal Guardian was given written notification of Waiver termination specifying reason and was provided information concerning</b>	R

		<b>SCDDSN Reconsideration and SCDHHS Appeal.</b>	
G11-34	G11-29	<b>Key Indicator Number Change and Recoupable</b> When participant records that indicate the CM failed to submit correct waiver service denials, terminations, reductions or suspensions, the CM billable activities will be subject to recoupment. Waiver services allowed to pay due to the CM's error are subject to recoupment.	R
N/A	G11-30 New	<b>New Key Indicator:</b> Information including the benefits and risks of participant/ representative directed care is provided to the participant/ representative prior to the authorization of In-Home Support.	
N/A	G11-31 New	<b>New Key Indicator:</b> Before authorization of In-Home Support, the absence of cognitive deficits in the participant/ representative directed care is assessed and documented.	
N/A	G11-32 New	<b>New Key Indicator:</b> Before authorization of In-Home Support, the participant/ representative is provided information about hiring management and termination of workers as well as the role of the Financial Management System is provided to the participant/ representative.	
	<b>G11-100 New</b>	<b>Community Supports Waiver Case Management</b>	
N/A	G11-101	Please review the entire G11-100 Section	
N/A	G11-102		
N/A	G11-103		
N/A	G11-104		
N/A	G11-105		
N/A	G11-106		
N/A	G11-107		
N/A	G11-108		
N/A	G11-109		
N/A	G11-110		
N/A	G11-111		

<b>EIBI Providers Only</b>			
N/A	<b>G12-01</b>	<b>Key Indicator number change and Indicator recoupable (change from G10-29 to G12-01)</b>	R
N/A	<b>G12-02</b>	<b>Key Indicator number change and Indicator recoupable (change from G10-30 to G12-02)</b>	R
N/A	<b>G12-03</b>	<b>Key Indicator number change and Indicator recoupable (change from G10-31 to G12-03)</b>	R
N/A	G12-04	Key Indicator number change only (change from G10-32 to G12-04)	
N/A	G12-05	Key Indicator number change only (change from G10-33 to G12-05)	
N/A	G12-06	Key Indicator number change only (change from G10-34 to G12-06)	
N/A	G12-07	Key Indicator number change only (change from G10-35 to G12-07)	
N/A	G12-08	Key Indicator number change only (change from G10-36 to G12-08)	

Early Intervention			
13-14	14-15	BabyNet Only BabyNet/DDSN DDSN Only	Potential Recoup / or notes
BabyNet Only			
E1-01	E1-01		
E1-02	E1-02		
E1-03	E1-03		
<b>E1-04</b>	<b>E1-04</b>		R
E1-05	E1-05		
E1-06	E1-06		
E1-07	E1-07	<b>Revision to Guidance:</b> Review relevant sections of the IFSP to ensure information is current and includes <del>therapy</del> <u>health</u> and developmental information.	
E1-08	E1-08	<b>Revision to Key Indicator:</b> All BabyNet services are listed on the Summary of Services/-Planned Services section <del>page</del> of the IFSP, to include amount, frequency, duration, a <u>start</u> <del>begin</del> date and an end date.  <b>Added to Guidance</b> ( <i>underlined information added to Guidance</i> ): <u>For IFSP's completed prior to March 1, 2014-Review the Summary of Services page of the IFSP to ensure that all BabyNet services being received are listed (Section 13).</u>  <u>For IFSP's completed after March 1, 2014-Review the Planned Services section of the IFSP, to ensure that all BabyNet services being received are listed.</u>	
E1-09	E1-09	<b>Revision to Key Indicator:</b> If the child's IFSP indicates the need for more than 4 hours per month of family training, the service notes indicate that information has been sent to the Office of Children's Services for <u>review</u> <del>approval</del>  <b>Revision to Guidance:</b> If the frequency noted on the plan is more than 4 hours per month of Family Training there should be documentation indicating that the file was sent to the Office of Children's Services for <u>review</u> <del>approval</del> within 15 days of the plan or as identified as a need and this choice will be documented in the service notes or on the summary of service sheets.	
E1-10	E1-10	<b>Revision to Guidance:</b> If no provider available <u>or the child is placed on a provider waiting list</u> , EI should make <del>ongoing, reasonable</del> monthly attempts to locate a provider. <u>If monthly follow up is documented in service notes, do not cite.</u>	
E1-11	E1-11		
E1-12	E1-12	<b>Added to Guidance</b> ( <i>underlined information added to Guidance</i> ): <u>For IFSP's completed prior to March 1, 2014-If the child is 2.6 years or older review Services Notes, transition page of the IFSP, and a copy of the transition referral to ensure the referral was sent by the time the child was 2.6 years old.</u>  <u>For IFSP's completed after March 1, 2014-If the child is 2.6 years or older review Service notes, transition referral form and/or front page of the IFSP to ensure that the transition referral was sent by the time the</u>	



		child was 2.6 years old.	
E1-13	E1-13	<p><b>Added to Guidance</b> (<i>underlined information added to Guidance</i>):  <u>For IFSP's completed prior to March 1, 2014-Review Service Notes, IFSP, and/or transition page of IFSP to ensure the transition conference was held 90 days prior to the child's third birthday.</u></p> <p><u>For IFSP's completed after March 1, 2014-Review Service Notes, the front page of the IFSP to ensure the transition conference was held 90 days prior to the child's third birthday. The parent/caregiver can choose not to have a conference.</u></p>	
E1-14	E1-14		
E1-15	E1-15	<p><b>Added to Guidance</b> (<i>underlined information added to Guidance</i>):  <u>For IFSP's completed prior to March 1, 2014-Review Service Notes and Family Training summary sheets to determine if all outcomes have been or are being addressed by the EI.</u></p> <p><u>For IFSP's completed after March 1, 2014- Determine if all outcomes have been or are being addressed by the EI. See Family training box in Planned Services section for outcome numbers assigned to the EI for follow up.</u></p>	
E1-16	E1-16	<p><b>Added to Guidance</b> (<i>underlined information added to Guidance</i>):  <u>For IFSP's completed prior to March 1, 2014-Review assessment dates on chosen assessment tool(s) and IFSP to ensure they are completed every 6 months or as changes warrant (i.e., significant improvement or regression).</u></p> <p><u>For IFSP's completed after March 1, 2014-Review assessment dates on chosen assessment tool(s) and 5 Area Assessment or Specialty Assessment sections on the IFSP to ensure they are completed every 6 months or as changes warrant (i.e., significant improvement or regression).</u></p>	
E1-17	E1-17	<p><b>Revision to Key Indicator:</b>  Family Training is provided <u>according to the frequency determined by the team and as documented on the IFSP Summary of Services page/Planned Services section of the IFSP.</u></p> <p><b>Added to Guidance</b> (<i>underlined information added to Guidance</i>):  For IFSP's completed prior to March 1, 2014-The IFSP should outline the frequency of Family Training. Review the <del>ISRs</del>, Family Training summary sheets, IFSP Summary of Services section, to ensure that FT is provided at the frequency and duration outlined.</p> <p><u>For IFSP's completed after March 1, 2014-The IFSP Planned Services section should outline the frequency of Family Training. Review the Family Training summary sheets, IFSP Planned Services section to ensure that the FT is provided at the frequency and duration outlined. If the frequency and duration is not being provided consistently, review Service Notes and other documentation to see if the EI is attempting to follow the schedule.</u></p>	
E1-18	E1-18		
E1-19 W	E1-19 W	<p><b>Added to Guidance:</b> (<i>"only" added to Guidance</i>)  To <u>only</u> state that the parent/caregiver was present and encouraged the child is NOT sufficient.</p>	
E1-20	E1-20		

E1-21	E1-21	<b>Revision to Key Indicator:</b> Family Training activities correspond to outcomes on the <del>IFSP</del> outcome section on the <u>IFSP</u> pages.  <b>Revision to Guidance:</b> <del>If not met, document review period dates and date range out of compliance.*</del> Review goals <u>the outcomes</u> on the IFSP outcome pages (Section 10a) and <del>to ensure that the family training activities documented on the summary of visit sheets correspond to at least one outcome on the plan.</del> <u>Family Training Summary sheets.</u> <del>Compare outcomes with Family Training activities.</del>	
E1-22	E1-22		
E1-23	E1-23		
E1-24	<del>E1-24</del>	Key Indicator Deleted	
E1-25	E1-24	<i>Key Indicator Number Change Only</i>	
E1-26	<del>E1-25</del>	Key Indicator Deleted	
E1-27	E1-25	<i>Key Indicator Number Change Only</i>	
N/A	E1-26 New	<b>New Key Indicator:</b> Is the Medical Necessity form present in the child's file  <b>New Guidance:</b> Review file to ensure that the Medical Necessity form is present and signed.	
E1-28 Not Included in Score	E1-27 Not Included in Score	<b>Revision to Key Indicator (Key Indicator Number Change):</b> Did the child receive more than <u>2-3</u> hours of <u>FT/Service</u> Coordination in any calendar month? (except for the months in which an initial plan, annual plan, or transition conference were held)  <b>Revision to Guidance:</b> During the review period, except for the months in which an initial plan, annual plan, <u>Curriculum Based Assessment (CBA)</u> , or transition conference were held, did the child receive more than <u>2-3</u> hours of <u>Family Training/Service</u> Coordination in any calendar month?	

BabyNet / DDSN			
E2-01	E2-01		
E2-02	<del>E2-02</del>	Key Indicator Deleted	
E2-03	E2-02	<i>Key Indicator Number Change Only</i>	
E2-04	E2-03	<i>Key Indicator Number Change Only</i>	
<b>E2-05</b>	<b>E2-04</b>	<i>Key Indicator Number Change Only</i>	<b>R</b>
E2-06	E2-05	<i>Key Indicator Number Change Only</i>	
E2-07	E2-06	<i>Key Indicator Number Change Only</i>	
E2-08	E2-07	<i>Key Indicator Number Change Only</i>	
E2-09	E2-08	<i>Key Indicator Number Change Only</i>	
E2-10	E2-09	<i>Key Indicator Number Change Only</i>	
E2-11	E2-10	<b>Revision to Guidance: (Key Indicator Number Change)</b> Review relevant sections of the IFSP/FSP to ensure information is current and includes <del>therapy</del> <u>health</u> and developmental information.	
E2-12	E2-11	<i>Key Indicator Number Change Only</i>	
E2-13	E2-12	<b>Added to Guidance (underlined information added to Guidance and Key Indicator Number Change):</b> For IFSP's completed prior to March 1, 2014- Review Service Notes and	

		<p>Family Training summary sheets to determine if all outcomes have been or are being addressed by the EI.</p> <p><u>For IFSP's completed after March 1, 2014-Determine if all outcomes have been or are being addressed by the EI. See Family Training box in Planned Services section for outcome numbers assigned to the EI for follow up.</u></p>	
E2-14	E2-13	<p><b>Added to Guidance</b> (<i>underlined information added to Guidance and Key Indicator Number Change</i>):</p> <p><u>For IFSP's completed prior to March 1, 2014- If the child is 2.6 years old or older, review service notes, transition page of the IFSP/FSP and a copy of the transition referral to ensure the referral was sent by the time the child was 2.6 years old.</u></p> <p><u>For IFSP's completed after March 1, 2014-If the child is 2.6 years or older review service notes, transition referral form and/or front page of the IFSP to ensure that the transition referral was sent by the time the child was 2.6 years old.</u></p>	
E2-15	E2-14	<p><b>Added to Guidance</b> (<i>underlined information added to Guidance and Key Indicator Number Change</i>):</p> <p><u>For IFSP's completed prior to March 1, 2014- Review services notes, Family Training Summary Sheets, transition page of the IFSP/FSP or transition conference form to ensure the transition conference was held 90 days prior to the child's third birthday.</u></p> <p><u>For IFSP's completed after March 1, 2014-Review service notes, the front page of the IFSP to ensure the transition conference was held 90 days prior to the child's third birthday. The parent/caregiver can choose not to have a conference.</u></p>	
E2-16	E2-15	<i>Key Indicator Number Change Only</i>	
E2-17	E2-16	<p><b>Revision to Key Indicator:</b> (<i>Key Indicator Number Change</i>)</p> <p>All BabyNet services are listed on the Summary of Services <u>Planned Services section</u> page of the IFSP to include amount, frequency, duration, a <u>begin-start</u> date and an end date</p> <p><b>Added to Guidance</b> (<i>underlined information added to Guidance</i>):</p> <p><u>For IFSP's completed prior to March 1, 2014- Review the Summary of Service page of the IFSP to ensure that all BabyNet services being received are listed.</u></p> <p><u>For IFSP's completed after March 1, 2014-Review the Planned Services section of the IFSP to ensure that all BabyNet services being received are listed</u></p>	
E2-18	E2-17	<p><b>Revision to Key Indicator:</b> (<i>Key Indicator Number Change Only</i>)</p> <p>If the child's IFSP/FSP indicates the need for more than 4 hours per month of Family Training, the service notes indicate that information has been sent to the Office of Children's Services for <u>approval-review</u></p>	
E2-19	E2-18	<p><b>Revision to Guidance:</b> (<i>Key Indicator Number Change Only</i>)</p> <p>If no provider available <u>or the child is placed on a provider waiting list</u>, EI should make <u>monthly ongoing, reasonable</u> attempts to locate a provider. <u>If monthly follow up is documented in services notes, do not cite.</u></p>	
E2-20	E2-19	<p><b>Added to Guidance</b> (<i>underlined information added to Guidance and Key Indicator Number Change</i>):</p> <p><u>For IFSP's completed prior to March 1, 2014- Review assessment dates on chosen assessment tool(s) and IFSP to ensure they are completed</u></p>	

		<p>every 6 months or as changes warrant (<u>i.e., significant improvement or regression</u>).</p> <p>For IFSP's completed after March 1, 2014-Review assessment dates on chosen assessment tool(s) and 5 Area Assessment or Specialty Assessment sections on the IFSP to ensure they are completed every 6 months or as changes warrant. (<u>i.e. significant improvement or regression</u>)</p>	
E2-21 W	E2-20 W	<p><b>Revision to Key Indicator: (Key Indicator Number Change)</b> Family Training is provided according to the frequency determined by the team and as documented in the Summary of Services/<u>Planned Services</u> section of the IFSP/FSP</p> <p><b>Added to Guidance (underlined information added to Guidance):</b> <u>For IFSP's completed prior to March 1, 2014-</u> The IFSP/FSP should outline the frequency and duration of Family Training. Review the <del>ISRs</del>, Family Training summary sheets, IFSP/FSP Summary of Services section to ensure that Family Training is provided at the frequency and duration outlined.</p> <p><u>For IFSP's completed after March 1, 2014-The IFSP Planned Services section should outline the frequency of Family Training. Review the Family Training Summary Sheets, IFSP Planned Services section to ensure that the FT is provided at the frequency and duration outlined. If the frequency and duration is not being provided consistently, review Service Notes and other documentation to see if the EI is attempting to follow the schedule</u></p>	
E2-22	E2-21	Key Indicator Number Change Only	
E2-23 W	E2-22 W	<p><b>Revision to Guidance:</b> ("only" added to Guidance and Key Indicator Number Change) To <u>only</u> state that the parent/caregiver was present and encouraged the child is NOT sufficient.</p>	
E2-24	E2-23		
E2-25	E2-24	<p><b>Revision to Guidance: (Key Indicator Number Change)</b> Review <u>outcomes goals</u> on the IFSP/FSP outcome pages and <del>Family Training summary sheets</del> to ensure that the family training activities <u>documented on the summary of visit sheets correspond to at least one outcome on the plan.</u> <del>Compare outcomes with Family Training activities.</del></p>	
E2-26	E2-25	Key Indicator Number Change Only	
E2-27	E2-26	Key Indicator Number Change Only	
E2-28	<del>E2-27</del>	Key Indicator Deleted	
E2-29	E2-27	Key Indicator Number Change Only	
E2-30	<del>E2-28</del>	Key Indicator Deleted	
E2-31	E2-28	Key Indicator Number Change Only	
N/A	E2-29 New	<p><b>New Indicator:</b> Medical Necessity form was completed prior to any services being reported</p> <p><b>New Guidance:</b> Review file to ensure that the Medical Necessity form is present in the file and was obtained prior to services being reported.</p>	
E2-32 Not	E2-30 Not	<p><b>Revision to Key Indicator: (Key Indicator Number Change)</b> Did the child receive more than <del>2</del> <u>3</u> hours of <u>FT</u>/Service Coordination in</p>	

included in score	Included in Score	any calendar month? (except for the months in which an initial plan, annual plan, or transition conference were held) <b>Revision to Guidance:</b> During the review period, except for the months in which an initial plan, annual plan, <b>Curriculum Based Assessment (CBA)</b> , or transition conference were held, did the child receive more than <u>2 3</u> hours of <b>Family Training/</b> Service Coordination in any calendar month?	
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DSN Only			
E3-01	E3-01		
E3-02	E3-02		
E3-03	E3-03		
E3-04	E3-04		
<b>E3-05</b>	<b>E3-05</b>		<b>R</b>
E3-06	E3-06		
E3-07	E3-07	<b>Revision to Key Indicator:</b> FSP six-month review was completed within <u>180 days</u> <del>six months</del> of the FSP  <b>Revision to Guidance:</b> Ensure the FSP six-month review was completed within <u>180 days</u> <del>six month</del> of the FSP.	
E3-08	E3-08		
E3-09	E3-09		
E3-10	E3-10	<b>Revision to Guidance:</b> Review relevant sections of the FSP to ensure information is current and includes <u>health</u> <del>therapy</del> and developmental information	
E3-11	E3-11		
E3-12	E3-12		
E3-13	E3-13		
E3-14	E3-14		
E3-15	E3-15		
E3-16 W	E3-16 W	<b>Revision to Guidance: ("ISRs" deleted)</b> Review the <del>ISRs</del> , Family Training summary sheets and/or FSP "Other Services" section to ensure that Family Training is provided at the frequency and duration outlined.	
E3-17	E3-17		
E3-18 W	E3-18 W	<b>Revision to Guidance: ("only" added to Guidance)</b> To <u>only</u> state that the parent/caregiver was present and encouraged the child is NOT sufficient.	
E3-19	E3-19		
E3-20	E3-20		
E3-21	E3-21		
E3-22	E3-22		
E3-23	E3-23		
E3-24	<del>E3-24</del>	Key Indicator Deleted	
E3-25	E3-24	Key Indicator Number Change Only	
E3-26	E3-25	Key Indicator Number Change Only	
N/A	E3-26 New	<b>New Key Indicator:</b> Medical Necessity form was completed prior to any services being	

		<p>reported</p> <p><b>New Guidance:</b> Review file to ensure that the Medical Necessity form is present in the file and was obtained prior to services being reported.</p>	
<p>E3-27 Not included in score</p>	<p>E3-27 Not included in score</p>	<p><b>Revision to Key Indicator:</b> <i>(Key Indicator Number Change)</i> Did the child receive more than <u>2 3</u> hours of <u>FT</u>/Service Coordination in any calendar month? (except for the months in which an initial plan, annual plan, or transition conference were held)</p> <p><b>Revision to Guidance:</b> During the review period, except for the months in which an initial plan, annual plan, <b><u>Curriculum Based Assessment (CBA)</u></b>, or transition conference were held, did the child receive more than <u>2 3</u> hours of <b><u>Family Training</u></b>/Service Coordination in any calendar month?</p>	

**Residential Observation*****\*Please note there are no changes to the Residential Observation Tool\****

RO-01	RO-01	
RO-02	RO-02	
RO-03	RO-03	
RO-04	RO-04	
RO-05	RO-05	
RO-06	RO-06	
RO-07	RO-07	
RO-08	RO-08	
RO-09	RO-09	